MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-048032 STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6605

FILED DEC 19 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY
Length of stay in 1b 55 YEARS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 308 WEST 115TH STREET
Inside Limits Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY JACKSON
c. CITY OR TOWN KANSAS CITY
Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 308 WEST 115TH STREET
Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First EDWIN Middle JOHN Last HAASE

4. DATE OF DEATH Month DECEMBER Day 5 Year 1963

5. SEX MALE

6. COLOR OR RACE WHITE

7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]

8. DATE OF BIRTH 11-15-1908

9. AGE (last birthday) 55
IF UNDER 1 YEAR Months Days
IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALES MANAGER

10b. KIND OF BUSINESS OR INDUSTRY SYLVANIA TUBE DIVISION

11. BIRTHPLACE (City and state or country) KANSAS CITY, MISSOURI

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME William F HAASE

13b. MOTHER'S MAIDEN NAME ANNA A. WEISS

14. NAME OF ~~HUSBAND~~ OR WIFE BERNICE HAASE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

17. INFORMANT Address BERNICE HAASE, 308 W. 115TH STREET

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Carbon Monoxide Poisoning
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [ ] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [X] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Was found in car inside garage

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year 12-5-63

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home

20f. CITY, TOWN, OR LOCATION Kansas City COUNTY Jackson STATE Mo

21. I attended the deceased from ____ to ____ and last saw her/him alive on ____
Death occurred at ____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Geo C. Kealnoter, MEDICAL CERTIFICATION

22b. ADDRESS 6627 Prospect Kansas City Mo

22c. DATE SIGNED 12-6-63

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

23b. DATE Dec 7. 1963

23c. NAME OF CEMETERY OR CREMATORY MOUNT MORIAH CEMETERY

23d. LOCATION (City, town, or county) KANSAS CITY (State) MISSOURI

24. FUNERAL DIRECTOR ADDRESS 1331 Brush Creek Blvd.
D.W. NEWCOMER'S SONS - KANSAS CITY, MISSOURI

25. DATE RECD. BY LOCAL REG. 12-6-63

26. REGISTRAR'S SIGNATURE Bessie Smith

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
2	3 X 39		
4	0		
5	1		
7	0		
8	2		
9	973.1		
12	902		

BY AFFIDAVIT OF ____ DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Robert A. Boyer
Signature of Student Embalmer

Licensed Embalmer No. 4892

P. O. Addre Overland Park, Ks,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.